Patient Acknowledgement:
COVID-19 Pandemic Emergency Dental Risk

Please read the patient acknowledgement below, and initial or sign in all areas indicated.

I understand the novel coronavirus causes the disease known as COVID-19 and that it is currently a pandemic. I understand that the novel coronavirus virus has a long incubation period during which carriers of the virus ***may not show symptoms and still be contagious.*** For this reason, I understand that the federal and provincial authorities have recommended that Ontarians stay home and avoid close contact with other people when at all possible**.** _____ **(initial)**

I understand the federal and provincial authorities have asked individuals to maintain social distancing of a least two (2) meters **(six** (6) feet) and I recognize it **is not possible to maintain this distance while receiving dental treatment. _____ (initial)**

I understand that oral surgery/dental procedures can create water and/or blood spray, which is one way that the novel coronavirus can spread. I understand that the ultra-fine nature of the spray can linger in the air for minutes to sometimes hours, which can transmit the novel coronavirus. _____**(initial)**

I understand that due to the visits of other patients, the characteristics of the novel coronavirus, and the characteristics of dental procedures, that I have an elevated risk of contracting the novel coronavirus simply by being in the dental office. _____**(initial)**

I confirm that **I DO NOT** have any **TWO OR MORE** or the following symptoms of COVID-19: (i) fever, (ii) new or worsening cough, (iii) sore throat, (iv) runny nose or (v) headache. _____**(initial)**

If I received COVID-19 test results in the past three (3) months, the last results I received were negative. _____(initial) If applicable, approximate date of test: _____

I confirm that I am not waiting for the results of a test for COVID-19. _____**(initial)**

I confirm that this is not currently a period during which public health authorities required I self-isolate for 14 days. _____**(initial)**

I verify the information I have provided on this form is truthful and complete. I **knowingly and willingly consent to have emergency surgical/dental treatment completed during the COVID-19 pandemic.**

Adapted from Dental Association of PEI *COVID-19 Pandemic Emergency Dental Risk Acknowledge by Patient.*

Background Question

Q1: Did you receive your final (or second) vaccination dose more than 14 days ago?

· A fully immunized individual is defined as any individual >14 days after receiving their second dose of a two-dose COVID-19 vaccine series or their first dose of a one-dose COVID-19 vaccine series (i.e. Johnson and Johnson).

Dispatch question for Long-term Care or Retirement Home·

Q2: Do you have a concern for a potential CoVID-19 infection for the person (e.g. is there an outbreak in the facility, is the patient awaiting CoVID-19 test results, etc.)?

Screening Questions

Q3: Do you have any of the following symptoms?

- **Fever and/ or chills**
- **New onset of cough or worsening chronic cough**
- **Shortness of breath**
- **Decrease or loss of sense of taste or smell**
- **If adult >18 years of age: unexplained fatigue/lethargy/malaise/muscle aches (myalgias)**
- **If child <18 years of age: nausea/vomiting, diarrhea**

Q4: Have you tested positive for CoVID-19 in the past 10 days or have you been told you should be isolating?

Q5: Did you travel outside of Canada in the past 14 days?

Q6: Have you had close contact with a confirmed case of COVID-19 without wearing appropriate PPE?

I verify the information I have provided on this form is truthful and complete. I **knowingly and willingly consent to have emergency surgical/dental treatment completed during the COVID-19 pandemic.**

NAME OF PATIENT:_____

SIGNATURE OF PATIENT/GUARDIAN:_____

DATE:_____